

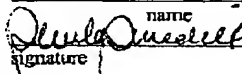
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JAN 28 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:	MARK J. ENZMANN ET AL	)	
		)	
SERIAL NO.:	10/074,413	)	ART UNIT
		)	2681
FILED:	February 12, 2002	)	
		)	EXAMINER:
FOR:	WIRELESS TERMINAL LOCATOR	)	Gary,
		)	Erika A

I hereby certify that this correspondence is  
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Number (703) 872-9306 on January 28, 2005  
Sheila Smedick

	name	1-28-05
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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

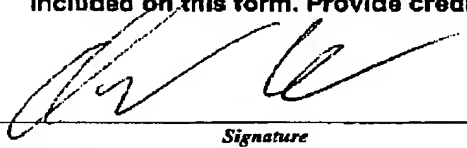
AMENDMENT

Applicants respectfully request entry of the following amendments and remarks contained herein in response to the Office Action mailed October 29, 2004. Applicants respectfully submit that the amendments and remarks contained herein place the instant application in condition for allowance.

01157  
BLL-0288

1

JAN 28 2005

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>01157 (BLL-0288)</b>									
Applicant(s): <b>MARK J. ENZMANN ET AL</b>														
Application No. <b>10/074,413</b>	Filing Date <b>February 12, 2002</b>	Examiner <b>Erika A. Gary</b>	Customer No. <b>36192</b>	Group Art Unit <b>2681</b>	Confirmation No. <b>7008</b>									
Invention: <b>WIRELESS TERMINAL LOCATOR</b>														
<b>COMMISSIONER FOR PATENTS:</b>														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
<b>CLAIMS AS AMENDED</b>														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	14 -	20 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>06-1130</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>														
 _____ Signature			Dated: <b>January 28, 2005</b>											
<b>David A. Fox</b> Registration No. 38,807 <b>CANTOR COLBURN LLP</b> 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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CC:														

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